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APPLICATION FOR EMPLOYMENT

AN EQUAL
 OPPORTUNITY
 EMPLOYER

Applications are received and employees are hired without regard ID race, creed , color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, veterans status and citizenship status. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

PERSONAL INFORMATION

Date of application _____

Name _____

Present address _____

Home or nearest phone _____

How long have you lived at above address? _____

Previous address _____ How long did you live there? _____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

Are you legally eligible to work in the U.S.? _____

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

Shift preference 1st 2nd 3rd What salary do you expect? _____

Type of employment Full-time Part-time Temporary Hours _____

What days and hours if part-time? Days _____

Have you ever applied for a job with us before? Yes No

Have you ever worked with us before? Yes No

Have you ever been bonded before? Yes No Have you ever been refused bond? Yes No. If so, state reason and date. _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No If so, explain: _____

Does your present employer know of your plans to change employment? Yes No Why do you desire to make a change? _____

Have you ever held a position of trust (handling money of confidential material)? Yes No

How many days have you been absent from work in the past year? _____

Do you have steady transportation to work? Yes No

Have you ever been discharged or asked to resign? Yes No

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work here? _____

Are you physically and mentally able to perform the job for which you are applying? _____

If not, what accommodations are necessary? _____

State any limitations on your working: Hours _____ Days _____

EDUCATION INFORMATION

| Schooling | Years Completed | Degree Rec. And Major Sub. | Name of School | Location | Did You Graduate? |
|------------------------------|-----------------|----------------------------|----------------|----------|-------------------|
| Grammar or high school | | | | | |
| Trade bus, or Correspondence | | | | | |
| College | | | | | |
| Graduate School | | | | | |

Describe any other specialized, or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received.

MILITARY SERVICE RECORD

Where you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

List of duties in the Service including special training _____

Are you legally eligible to work in the U.S.? _____

PRIOR WORK RECORD (START WITH MOST RECENT OR PRESENT EMPLOYER)

| | | |
|-------------------------------------------------------------|------------|---------------|
| 1. Name, address & phone of most recent employer | | Telephone no. |
| A. Immediate supervisor (name & position) | Date hired | Starting rate |
| B. Your job title & duties | Date left | Last rate |
| C. Reason for leaving | | |

| | | |
|-------------------------------------------------------------|------------|---------------|
| 2. Name, address & phone of most recent employer | | Telephone no. |
| A. Immediate supervisor (name & position) | Date hired | Starting rate |
| B. Your job title & duties | Date left | Last rate |
| C. Reason for leaving | | |

| | | |
|-------------------------------------------------------------|------------|---------------|
| 3. Name, address & phone of most recent employer | | Telephone no. |
| A. Immediate supervisor (name & position) | Date hired | Starting rate |
| B. Your job title & duties | Date left | Last rate |
| C. Reason for leaving | | |

May we contact the employers listed above? _____ If not, which one(s) do you not want us to contact _____

REFERENCES (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)

Name _____ Phone # _____ Occupation _____
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The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors friends or others with whom I am acquainted This inquiry includes information as to my character general reputation personal characteristics and mode of living I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specific length of time.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

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Save the form before
submitting your application for internal review.

Signature of Applicant

Date